



PTO/SB/17 (12-04)

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FEE TRANSMITTAL For FY 2005 Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
		Application Number	09/776,454
		Filing Date	February 2, 2001
		First Named Inventor	Gregorio DEL VAL
		Examiner Name	B. Whiteman
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1635
TOTAL AMOUNT OF PAYMENT		(\$)	455.00
		Attorney Docket No.	416272001500

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-1952
Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
_____		_____	_____	_____	Fee (\$)		Fee Paid (\$)
_____		_____	_____	_____	_____		_____
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
_____		_____	_____	_____			
_____		_____	_____	_____			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
_____		_____	_____		_____	_____	
_____ - 100 = _____		_____ / 50	_____ (round up to a whole number) x _____		_____	_____	
4. OTHER FEE(S)							
						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other: 1801 Request for continued examination (RCE) (see 37 CFR 1.114)						395.00	
1251 Extension for response within first month						60.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,751
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		Date	February 18, 2005